

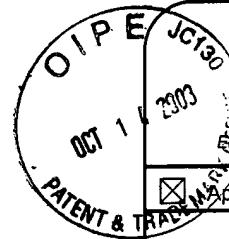
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/659,737
		Filing Date	September 9, 2003
		First Named Inventor	Kley, Victor B.
		Art Unit	Unassiged
		Examiner Name	Unassigned
Total Number of Pages in This Submission	14	Attorney Docket Number	020921-001930US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Appendix with drawings and replacement sheet Return Postcard	
		Remarks	
		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP George B. F. Yee	Reg. No. 37,478
Signature		
Date	October 10, 2003	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Cynthia McKinley		
Signature		Date	October 10, 2003

60058029 v1



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 875)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	385
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1)

(\$385)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
41	-20** = 21	X\$9	\$189
Independent Claims	10	-3** = 7	X\$43
Multiple Dependent		X	

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$490)

**or number previously paid, if greater; For Reissues, see above

Complete if Known

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First Named Inventor	Kley, Victor B.
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Art Unit	Unassiged
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Description	Fee Paid
		1051 130	Surcharge - late filing fee or oath	
		1052 50	Surcharge - late provisional filing fee or cover sheet	
		1053 130	Non-English specification	
		1812 2,520	For filing a request for reexamination	
		1804 920*	Requesting publication of SIR prior to Examiner action	
		1805 1,840*	Requesting publication of SIR after Examiner action	
		1251 110	Extension for reply within first month	
		1252 420	Extension for reply within second month	
		1253 950	Extension for reply within third month	
		1254 1,480	Extension for reply within fourth month	
		1255 2,010	Extension for reply within fifth month	
		1401 330	Notice of Appeal	
		1402 330	Filing a brief in support of an appeal	
		1403 290	Request for oral hearing	
		1451 1,510	Petition to institute a public use proceeding	
		1452 110	Petition to revive – unavoidable	
		1453 1,330	Petition to revive – unintentional	
		1501 1,330	Utility issue fee (or reissue)	
		1502 480	Design issue fee	
		1503 640	Plant issue fee	
		1460 130	Petitions to the Commissioner	
		1807 50	Petitions related to provisional applications	
		1806 180	Submission of Information Disclosure Stmt	
		8021 40	Recording each patent assignment per property (times number of properties)	
		1809 770	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810 770	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801 770	Request for Continued Examination (RCE)	
		1802 900	Request for expedited examination of a design application	
		Other fee (specify) -----		

*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	George B. F. Yee	Registration No. (Attorney/Agent)	37,478	Telephone	650-326-2400
Signature				Date	October 10, 2003

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